

**Fill in this information to identify the case:**Debtor name W W Contractors, Inc.United States Bankruptcy Court for the: DISTRICT OF MARYLANDCase number (if known) 20-10840-NVA
☐ Check if this is an amended filing

## Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule \_\_\_\_\_
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 1, 2020**X /s/ Warren J. Wiggins**

Signature of individual signing on behalf of debtor

**Warren J. Wiggins**

Printed name

**President**

Position or relationship to debtor

Case number (if known) **20-10840-NVA**☐ Check if this is an amended filing

12/15

**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim	Priority amount
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2.1	Priority creditor's name and mailing address
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**Arkansas State Income Tax**  
**P. O. Box 1000**  
**Little Rock, AR 72203-1000**

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated

☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (8)

☐ No☐ Yes

2.2	Priority creditor's name and mailing address
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**Comptroller of Maryland**  
**P. O. Box 8888**  
**Annapolis, MD 21401-8888**

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (8)

☐ No☐ Yes

Debtor	<b>W W Contractors, Inc.</b> Name	Case number (if known)	<b>20-10840-NVA</b>
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2.3	Priority creditor's name and mailing address <b>Department of Revenue</b> <b>P. O. Box 280407</b> <b>MA 01712-8000</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>	<b>\$0.00</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.4	Priority creditor's name and mailing address <b>Department of the Treasury</b> <b>Internal Revenue Service</b> <b>Austin, TX 73301-0002</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>	<b>\$0.00</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.5	Priority creditor's name and mailing address <b>Division of Revenue</b> <b>P. O. Box 8710</b> <b>Wilmington, DE 19899-8710</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>	<b>\$0.00</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.6	Priority creditor's name and mailing address <b>Louisiana Department of Revenue</b> <b>Post Office Box 201</b> <b>Baton Rouge, LA 70821-0201</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$10.00</b>	<b>\$10.00</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>W W Contractors, Inc.</b>	Case number (if known)	<b>20-10840-NVA</b>
	Name		

  

2.7	Priority creditor's name and mailing address <b>Revenue Department P. O. Box 25122 Santa Fe, NM 87504-5122</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$50.00</b>	<b>\$50.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.8	Priority creditor's name and mailing address <b>State of New Jersey Division of Taxation Revenue Processing Center P. O.Box 543 Trenton, NJ 08646-0643</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,125.00</b>	<b>\$1,125.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
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3.1	Nonpriority creditor's name and mailing address <b>A.R.C. Power-Line Construction, LLC 6551-4 Seven Rivers Hwy Roswell, NM 88201</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$243.70</b>
	Date(s) debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

3.2	Nonpriority creditor's name and mailing address <b>Admiral Elevator Company P. O. Box 62513 Baltimore, MD 21264-2513</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$92,545.00</b>
	Date(s) debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

3.3	Nonpriority creditor's name and mailing address <b>Emcor Services 643 Lofstrand Lane Rockville, MD 20850</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$668.00</b>
	Date(s) debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>W W Contractors, Inc.</b> Name	Case number (if known)	<b>20-10840-NVA</b>
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3.4	<b>Nonpriority creditor's name and mailing address</b> <b>Empire Funding</b> <b>505 Park Avenue</b> <b>Baltimore, MD 21201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$38,000.00</b>
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3.5	<b>Nonpriority creditor's name and mailing address</b> <b>Mac's Restoration LLC</b> <b>237 Old River Road</b> <b>Wilkes Barre, PA 18702</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$510.15</b>
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3.6	<b>Nonpriority creditor's name and mailing address</b> <b>Suddenlink Communications</b> <b>44470 Chilum Place</b> <b>Ashburn, VA 20147</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>A.R.C. Power-Line Construction, LLC</b> <b>6551-4 Seven Rivers Hwy</b> <b>Artesia, NM 88210</b>	Line <u>3.1</u>  <input type="checkbox"/> Not listed. Explain ____	—
4.2	<b>Admiral Elevator Company</b> <b>900 N. Lehigh Street</b> <b>#1</b> <b>Baltimore, MD 21205</b>	Line <u>3.2</u>  <input type="checkbox"/> Not listed. Explain ____	—
4.3	<b>Emcor Services</b> <b>4420 Lottsford Vista Road</b> <b># 1</b> <b>Lanham, MD 20706</b>	Line <u>3.3</u>  <input type="checkbox"/> Not listed. Explain ____	—
4.4	<b>Empire Funding</b> <b>1022 Avenue M</b> <b>Brooklyn, NY 11230</b>	Line <u>3.4</u>  <input type="checkbox"/> Not listed. Explain ____	—
4.5	<b>Empire Funding</b> <b>25 Melville Park Road</b> <b>#105</b> <b>Melville, NY 11747</b>	Line <u>3.4</u>  <input type="checkbox"/> Not listed. Explain ____	—
4.6	<b>J. Stephen Simms, Esquire</b> <b>Simms Showers LLP</b> <b>201 International Circle</b> <b>Suite 250</b> <b>Cockeysville, MD 21030</b>	Line <u>3.2</u>  <input type="checkbox"/> Not listed. Explain ____	—

Debtor	<b>W W Contractors, Inc.</b>	Case number (if known)	<b>20-10840-NVA</b>
	Name		
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.7	<b>Mac's Restoration LLC</b> <b>10 Butler Street</b> <b>Wilkes Barre, PA 18710-2000</b>	Line <u><b>3.5</b></u>	—
		<input type="checkbox"/> Not listed. Explain _____	

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims****5. Add the amounts of priority and nonpriority unsecured claims.**

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u><b>1,185.00</b></u>
5b. +	\$ <u><b>131,966.85</b></u>
5c.	\$ <u><b>133,151.85</b></u>

**United States Bankruptcy Court  
District of Maryland**

In re **W W Contractors, Inc.**

Debtor(s)

Case No. **20-10840-NVA**

Chapter **7**

**VERIFICATION OF CREDITOR MATRIX - AMENDED**

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **May 1, 2020**

**/s/ Warren J. Wiggins**

**Warren J. Wiggins/President**

Signer/Title